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08-14-00

PTO/SB/05 (4/98)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION

TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 7718M

First Inventor or Application Identifier

Roger W. Gutwein

Title

NOVEL COFFEE EXTRACT AND PROCESS FOR PROVIDING
CUSTOMIZED VARIETIES AND STRENGTHS OF FRESH-BREWED
COFFEE ON DEMAND

Express Mail Label No.

EK721992314US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents

ADDRESS TO: Box Patent Application
Washington, D.C. 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☒ Specification Total Pages [17]
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☐ Drawing(s) (35 USC 113) Total Sheets ☐

4. Oath or Declaration Total pages [2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)

i. ☐ DELETION OF INVENTORS

Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR §§1.63(d)(2) and
1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37. C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).

5. ☐ Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

9. ☐ English Translation Document (if applicable)

10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations

11. ☐ Preliminary Amendment

12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. ☐ *Small Entity ☐ Statement filed in prior application
Statement(s) Status still proper and desired

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 1

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

NAME	KAREN F. CLARK				
	THE PROCTER & GAMBLE COMPANY				
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CITY	CINCINNATI	STATE	OHIO	ZIP CODE	45224
COUNTRY	USA	TELEPHONE	513-634-5209	FAX	513-634-3752

Name (Print/Type)	KAREN F. CLARK	Registration No. (Attorney/Agent)	32,974
Signature	<i>Karen F. Clark</i>	Date	8/14/00

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§1.27 and 1.28.</p>	<h3 style="margin: 0;">Complete if Known</h3>										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.:</td> <td>7718M</td> </tr> <tr> <td>Filing Date</td> <td>August 14, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Roger W. Gutwein</td> </tr> <tr> <td>Title</td> <td>NOVEL COFFEE EXTRACT AND PROCESS FOR PROVIDING CUSTOMIZED VARIETIES AND STRENGTHS OF FRESH-BREWED COFFEE ON DEMAND</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EK721992314US</td> </tr> </table>	Attorney Docket No.:	7718M	Filing Date	August 14, 2000	First Named Inventor	Roger W. Gutwein	Title	NOVEL COFFEE EXTRACT AND PROCESS FOR PROVIDING CUSTOMIZED VARIETIES AND STRENGTHS OF FRESH-BREWED COFFEE ON DEMAND	Express Mail Label No.	EK721992314US
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TOTAL AMOUNT OF PAYMENT (\$)	924.00										

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3 style="margin: 0;">3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	KAREN F. CLARK	Registration No. (Attorney/Agent)	32,974	Telephone	(513) 634-5209
Signature				Date	August 14, 2000

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